· ·								Application or Docket Number					
آن ا	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Og 943 484												
		CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OTHER 1 TYPE OR SMALL E											
TOTAL CLAIMS			12					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	€ 355.0	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			## minus 20=		. 10			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			5 m	inus 3 =	2	21		X40=		OR	X80=		
ML	JLTIPLE DEPEN	NDENT CLAIM P	IESENT					405	 	7			
• 11	the difference	in column 1 is	less than z	ero enter	"0" in c	olumo 2	' [+135=		OR			
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL													
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	. ENTITY	OR	OTHER		
T T		CLAIMS REMAINING	1.1	HIGH	ESY		Г		ADDI-	_		ADDI-	
Z		AFTER		PREVIO	DUSLY	PRESENT EXTRA		RATE	TIONA	•	RATE	TIONAL	
SME E	Total	AMENDMENT 9	Minus	PAID	POR ()		┝╪	X\$-9≡	FEE	1	X\$18=	FEE	
AMENDMENT A	Independent	. 2	Minus			=			├	OR	<u> </u>		
		NTATION OF MI		PENDENT	CLAIM			X40=		OR	X80=		
	,	,					' [+135=		OR	+270=		
1	2.4 16						A	TOTAL		OR	TOTAL ADDIT, FEE		
	<u>[[] [</u>	(Column 1)		(Colun		(Column 3)			_				
MT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAI		RATE	ADDI- TIONAL	
AMENDMENT	Total	· 9	Minus	·· 2		=	$\ \ $	X\$ 9=	FEE	ОЯ	X\$18=	FEE	
	Independent	NTATION OF MIL	Minus	··· A	5	=		X40=		OR	X80=	1	
لــا	·	TARION OF MC	CHIPCE OEF	CHOCK	OCARR	لين احاسب	۱۲	+135=	T	OR	+270=		
							<u>-</u>	TOTAL	1	OR	TOTAL		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER		HIGHI NUME PREVIO	BER	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
		AMENOMENT	·.	PAID F	ОЯ		-		FEE	4		FEE	
	Total	•	Minus	**		=	L	X\$ 9=		OR	X\$18=		
	Independent	AUTATION OF "	Minus	TAIDENT	CI 6446	•		X40=		OR	X80=		
Ш	PIRST PRESE	NTATION OF MIL	LIPLE DEF	FNDFNI	CLAIM			+135=		OR	+270=		
		nn 1 is less than th mber Previously Pa					ا	TOTAL		OR	TOTAL		
	I the "Highest Nu	mbar Previously Paid ber Previously Paid	d For IN THE	S SPACE IS	less tha	n 3, enter "3."	~	ODIT. FEE d in the ap		-	ADDIT. FEE l Numn 1.		

FORM PTO-875 (Rev. 8/00)